Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 1 of 53

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

n a Joint Case):
III)
II)
III)
III)
 III)
III)

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 2 of 53

Case number (if known)

Debtor 1 Andrea M Carter

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)		
	doing business as names	Business hamo(s)	Dusilless Hallie(s)		
		EINs	EINs		
5.	Where you live	115 South Street B	If Debtor 2 lives at a different address:		
		Marengo, IL 60152			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		McHenry County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
ò.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 3 of 53

Case number (if known) Debtor 1 Andrea M Carter

ar	t 2: Tell the Court About	Your B	ankruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by 1</i> If page 1 and check the appropriate	1 U.S.C. § 342(b) for Individuals Filing for Bankruptcy box.			
	choosing to file under	■ Chapter 7							
		□ Ch	hapter 11						
		□ Ch	☐ Chapter 12						
		□ Ch	hapter 13						
3.	How you will pay the fee		about how yo	ou may pay. Ty attorney is sub	pically, if you are paying the fee you	with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money If, your attorney may pay with a credit card or check with			
					stallments. If you choose this option ts (Official Form 103A).	n, sign and attach the Application for Individuals to Pay			
		I request that my fee be waived (You may request this option only if you but is not required to, waive your fee, and may do so only if your income applies to your family size and you are unable to pay the fee in installment				r income is less than 150% of the official poverty line that			
						al Form 103B) and file it with your petition.			
).	Have you filed for bankruptcy within the	■ No							
	last 8 years?	☐ Ye							
			District			Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No)						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	2 S.						
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	□ No	Go to I	ine 12.					
	residence?	■ Ye	Has yo	our landlord obt	ained an eviction judgment against	you and do you want to stay in your residence?			
		. 0	.o.	No. Go to line	12.				
				Yes. Fill out Ir bankruptcy pe		udgment Against You (Form 101A) and file it with this			

Debtor 1 Andrea M Carter Document Page 4 of 53 Case number (if known)

Par	Report About Any Bu	sinesses	You Owi	n as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of busing	ness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numl	per, Street, City, State	e & ZIP Code
	it to this petition.		Chec	k the appropriate box	to describe your business:
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real I	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attact				ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	No.	I am	not filing under Chapt	er 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code	•	1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am	filing under Chapter 1	1 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	4: Report if You Own or	Have Anv	Hazard	ous Property or Any	Property That Needs Immediate Attention
	Do you own or have any			,	,
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	■ No. □ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	
					Number, Street, City, State & Zip Code

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 5 of 53

Debtor 1 Andrea M Carter

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 53 Case number (if known) Debtor 1 **Andrea M Carter** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **2**5,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Andrea M Carter Signature of Debtor 2 Andrea M Carter Signature of Debtor 1 Executed on June 3, 2016 Executed on

MM / DD / YYYY

MM / DD / YYYY

Debtor 1 Andrea M Carter Document Page 7 of 53 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Stephe	n J. Costello	Date	June 3, 2016	
Signature of	Attorney for Debtor		MM / DD / YYYY	
Stephen J	. Costello			
Costello &	Costello			
Firm name				
19 N. Wes	tern Ave. (RT 31)			
Carpenter	sville, IL 60110			
Number, Street,	City, State & ZIP Code			
Contact phone	847-428-4544	Email address	steve@costellolaw.com	
6187315				
Bar number & S	tate			

		Docume	ent Page 8 of 53	3	
Fill in this infor	mation to identify your	case:			
Debtor 1	Andrea M Carter				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN D	IVISION	
Case number					Charle if this is an
(II KHOWH)					Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	58,310.20
	1c. Copy line 63, Total of all property on Schedule A/B	\$	58,310.20
Par	t 2: Summarize Your Liabilities		
		Your lia	abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	46,172.06
	Your total liabilities	\$	46,172.06
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	0.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,977.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	edules.
	■ Yes		

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Andrea M Carter Document Page 9 of 53
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

		Document	Page 10 of 53		
Fill in this inf	formation to identify your	case and this filing:			
Debtor 1	Andrea M Carter				
Dobtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS, EASTERN DIVISIO	N	
Case number	•				☐ Check if this is an
					amended filing
Official F	Form 106A/B				
_		ort.			
	ule A/B: Prop				12/15
think it fits best information. If n Answer every q	t. Be as complete and accura nore space is needed, attach juestion.	pe items. List an asset only once. I ate as possible. If two married peop a separate sheet to this form. On the contract of th	ole are filing together, both a the top of any additional page	re equally responsible for	supplying correct
Part 1: Descr	ibe Each Residence, Building	g, Land, or Other Real Estate You (Own or Have an Interest In		
1. Do you own	or have any legal or equitabl	e interest in any residence, buildin	g, land, or similar property?		
No. Go to					
☐ Yes. Whe	ere is the property?				
Part 2: Descr	ibe Your Vehicles				
3. Cars, vans □ No ■ Yes	, trucks, tractors, sport u	tility vehicles, motorcycles			
3.1 Make:	Chevrolet	Who has an interest in	the property? Check and	Do not deduct secured	d claims or exemptions. Put
	Classic		the property? Check one		tured claims on Schedule D:
Model: Year:	2005	Debtor 1 only			Claims Secured by Property.
		Debtor 2 only Debtor 1 and Debtor 2	2 only	Current value of the entire property?	Current value of the portion you own?
• • •	nformation:	At least one of the de	•	cimio property :	portion you ourn
			biolo and another		
		Check if this is come (see instructions)	munity property	\$2,500.00	\$2,500.00
		ATVs and other recreational velonal watercraft, fishing vessels, s	•		
.pages you		you own for all of your entries . Write that number here			\$2,500.00
		table interest in any of the follo	owing items?		Current value of the
		and the following of the following	9		portion you own? Do not deduct secured claims or exemptions.
3. Household	goods and furnishings				

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

	Case 16-81365	Doc 1	Filed 06/03/16	Entered 06/03/16 16:08:5	1 Desc Main
Debtor '	Andrea M Carter		Document	Page 11 of 53 Case number (if kno	wn)
■ Ye	es. Describe				
	Furnitu	ıre, Furnish	nings and Supplies		\$1,200.00
	nples: Televisions and radios; including cell phones, o es. Describe	cameras, med	dia players, games	oment; computers, printers, scanners; mus	
	Televis	sion, misc e	electronics		\$200.00
Exam No □ Ye 9. Equip Exam □ No	other collections, memory es. Describe coment for sports and hobbie enples: Sports, photographic, e musical instruments	orabilia, collec	ctibles	oks, pictures, or other art objects; stamp, o	
	Camer				\$40.00
■ No □ Ye 11. Clot Exa	amples: Pistols, rifles, shotgun oes. Describe hes amples: Everyday clothes, furs				
	Neces	sary Wearir	ng Apparel		\$200.00
	amples: Everyday jewelry, cos o es. Describe	tume jewelry, ostume Jev		ding rings, heirloom jewelry, watches, gen	ns, gold, silver
Exa ■ No □ Ye 14. Any ■ No	es. Describe other personal and househ	old items yo	u did not already list, i	ncluding any health aids you did not lis	t
	ld the dollar value of all of y Part 3. Write that number h			ny entries for pages you have attached	\$1,740.00

Official Form 106A/B Schedule A/B: Property

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Page 12 of 53

Case number (if known) Document Debtor 1 **Andrea M Carter** Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Checking, accounts at USAA \$765.51 17.1. \$1,654.69 Savings account at USAA 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No

Yes. List each account separately.

Type of account:

Institution name:

\$26,000.00 **IRA**

401(k) Pension (being rolled into IRA) \$25,000.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

□ No

Institution name or individual: Yes.

> **Security Deposit for rent** \$650.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Case 16-81365 Filed 06/03/16 Entered 06/03/16 16:08:51 Page 13 of 53
Case number (if known) Document Debtor 1 **Andrea M Carter** Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

Doc 1

Desc Main

Debto	or 1	Case 16-81365 Andrea M Carter	Doc 1	Filed 06/03/16 Document	Entered 00 Page 14 of	6/03/16 16:08:51 53 Case number (if known)	Desc Main
Dobito		Andrea W Carter				Caco Hamber (# Miomi)	
35. A ı	ny fina	ncial assets you did not	already list				
	No						
	Yes. (Give specific information					
		e dollar value of all of yort 4. Write that number he					\$54,070.20
Part 5	Des	cribe Any Business-Related	Property You	Own or Have an Interest I	n. List any real esta	te in Part 1.	
37. Do	you o	wn or have any legal or equi	table interest i	n any business-related p	operty?		
_		to Part 6.					
□ Y	es. Go	to line 38.					
Part 6	Des	cribe Any Farm- and Comme	ercial Fishing-l	Related Property You Ow	n or Have an Interes	st In.	
		u own or have an interest in fa					
46. D o	o you	own or have any legal or	equitable in	terest in any farm- or o	commercial fishin	g-related property?	
	No. G	Go to Part 7.	•	•			
	Yes.	Go to line 47.					
Part 7	:	Describe All Property You	Own or Have a	n Interest in That You Did	Not List Above		
53. D o	o vou l	have other property of ar	nv kind vou d	did not already list?			
		es: Season tickets, country					
	No						
Ц	Yes. G	Give specific information					
54	∆dd th	e dollar value of all of yo	our entries fro	om Part 7 Write that n	umher here		\$0.00
O-1. 7	nuu tii	ic donar value of all of ye	our critico ir	om rant 7. Willo mat ii	umber nere		Ψ0.00
Part 8	: [List the Totals of Each Part of	of this Form				
		Total real estate, line 2					\$0.00
		Total vehicles, line 5 Total personal and hous	sahald itams		\$2,500.00		
		Total financial assets, li			\$1,740.00 \$54,070.20		
		Total business-related p		 • 45	\$0.00		
		Total farm- and fishing-			\$0.00		
		Total other property not		<u> </u>	\$0.00		
62.	Total p	personal property. Add lin	nes 56 through	h 61	\$58,310.20	Copy personal property to	otal \$58,310.20
					_		
63.	ı otal c	of all property on Schedu	ile A/B. Add li	ine 55 + line 62			\$58,310.20

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor	mation to identify your	case:		
Debtor 1	Andrea M Carter			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVIS	SION
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming?	Check one only, even	if your spouse is filing with you.	
	■ You are claiming state and federal nonbank	ruptcy exemptions. 11	1 U.S.C. § 522(b)(3)	
	\square You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)		
2.	For any property you list on Schedule A/B t	hat you claim as exer	npt, fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from	Check only one box for each exemption.	

p			
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$2,500.00		\$2,400.00	735 ILCS 5/12-1001(c)
		100% of fair market value, up to any applicable statutory limit	
\$1,200.00		\$1,000.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$200.00		\$200.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$200.00		\$200.00	735 ILCS 5/12-1001(a)
		100% of fair market value, up to any applicable statutory limit	
\$100.00		\$100.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
	\$2,500.00 \$1,200.00 \$200.00	\$2,500.00	\$2,500.00 \$2,400.00 100% of fair market value, up to any applicable statutory limit \$1,200.00 100% of fair market value, up to any applicable statutory limit \$200.00 100% of fair market value, up to any applicable statutory limit \$200.00 100% of fair market value, up to any applicable statutory limit \$200.00 100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 16 of 53
Case number (if known)

De	Allulea W Carter				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Checking, accounts at USAA Line from Schedule A/B: 17.1	\$765.51		\$765.51	735 ILCS 5/12-1001(b)
	Zino nom osnosalo 772. TTT			100% of fair market value, up to any applicable statutory limit	
	Savings account at USAA Line from Schedule A/B: 17.2	\$1,654.69		\$1,654.69	735 ILCS 5/12-1001(b)
	Ellie Holli Golledale 742. TTL			100% of fair market value, up to any applicable statutory limit	
	IRA Line from Schedule A/B: 21.1	\$26,000.00		\$26,000.00	735 ILCS 5/12-1006
	Line Holli Golledale PAB. 2111			100% of fair market value, up to any applicable statutory limit	
	401(k): Pension (being rolled into IRA)	\$25,000.00		\$25,000.00	735 ILCS 5/12-1006
	Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)
	■ No				
	☐ Yes. Did you acquire the property cover	red by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

Fill in this infor	rmation to identify your	case:	
Debtor 1	Andrea M Carter		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION
Case number			
(if known)			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

		Document	t Page 1	8 of 53	
Fill in thi	s information to identify your	case:			
Debtor 1	Andrea M Carter				
Dobtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, f	lling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS, EAS	TERN DIVISION	
Case nur	nber				Check if this is an amended filing
	Form 106E/F ule E/F: Creditors W	ho Have Unsecur	ed Claims		12/15
any execut Schedule (Schedule I left. Attach name and	ory contracts or unexpired leases Executory Contracts and Unexp Creditors Who Have Claims Sec the Continuation Page to this pag case number (if known).	that could result in a claim. A ired Leases (Official Form 106/ ured by Property. If more spac e. If you have no information t	Iso list executory of G). Do not include e is needed, copy	Part 2 for creditors with NONPRIORITY of contracts on Schedule A/B: Property (Of any creditors with partially secured clai the Part you need, fill it out, number the do not file that Part. On the top of any and	ficial Form 106A/B) and on ms that are listed in entries in the boxes on the
Part 1:	List All of Your PRIORITY Un				
	y creditors have priority unsecure	a ciaims against you?			
	. Go to Part 2.				
☐ Ye	-				
	List All of Your NONPRIORIT				
	y creditors have nonpriority unsec . You have nothing to report in this p		with your other sch	adules	
■ Ye		art. Cubriit tiils form to the Court	with your other son	saulos.	
unsec	ured claim, list the creditor separately ne creditor holds a particular claim, li	for each claim. For each claim I	listed, identify what	b holds each claim. If a creditor has more type of claim it is. Do not list claims already three nonpriority unsecured claims fill out	included in Part 1. If more
					Total claim
	Advocate Sherman Hospital	Last 4 digits of	f account number	8123	\$1,441.84
1	onpriority Creditor's Name 425 North Randall Road	When was the	debt incurred?	1/12/2015	
N	Igin, IL 60123 umber Street City State Zlp Code //no incurred the debt? Check one.	As of the date	you file, the claim	is: Check all that apply	
I	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated	i		
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and and	other Type of NONPI	RIORITY unsecure	d claim:	
	Check if this claim is for a comr	nunity	ns		
d	ebt the claim subject to offset?		arising out of a sepa	aration agreement or divorce that you did n	ot
_	No			ng plans, and other similar debts	
	Yes	·	ify Services		
		S Opool	,		

Document Page 19 of 53 Debtor 1 Andrea M Carter Case number (if know) 4.2 \$30.40 Advocate Sherman Hospital Last 4 digits of account number 4952 Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 7/8/2015 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Services Other. Specify 4.3 **Advocate Sherman Hospital** Last 4 digits of account number 9077 \$117.99 Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 5/20/2015 Elain. IL 60123 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Services** Other, Specify **Advocate Sherman Hospital** 4.4 Last 4 digits of account number 1240 \$88.92 Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 3/27/2015 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

Services

Page 20 of 53 Document Debtor 1 Andrea M Carter Case number (if know) 4.5 \$332.95 Advocate Sherman Hospital Last 4 digits of account number 9150 Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 3/27/2015 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Services ☐ Yes 4.6 **Advocate Sherman Hospital** Last 4 digits of account number 8946 \$1,830.00 Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 3/19/2015 Elain. IL 60123 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Services** Other. Specify 4.7 **Advocate Sherman Hospital** Last 4 digits of account number 5463 \$1,839.10 Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 12/10/2014 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

Services

Document Page 21 of 53 Debtor 1 Andrea M Carter Case number (if know) 4.8 \$907.00 Advocate Sherman Hospital Last 4 digits of account number 9060 Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 3/26/2015 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Services Other. Specify 4.9 **Advocate Sherman Hospital** Last 4 digits of account number 0491 \$48.00 Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 4/19/2015 Elain. IL 60123 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Services Other. Specify 4.1 **Advocate Sherman Hospital** 4447 \$1,402.10 Last 4 digits of account number 0 Nonpriority Creditor's Name 1425 North Randall Road 1/7/2015 When was the debt incurred? Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Services

Debts to pension or profit-sharing plans, and other similar debts

Entered 06/03/16 16:08:51 Case 16-81365 Doc 1 Filed 06/03/16

Desc Main Page 22 of 53 Case number (if know) Document Debtor 1 Andrea M Carter 4.1 **Advocate Sherman Hospital** 8956 \$7,594.00 Last 4 digits of account number Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 3/5/2015 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Services ☐ Yes 4.1 **Advocate Sherman Hospital** 1518 \$1,830.00 Last 4 digits of account number Nonpriority Creditor's Name 1425 North Randall Road When was the debt incurred? 3/5/2015 **Elgin, IL 60123** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Services ☐ Yes 4.1 5543 \$3,469.00 Amex Last 4 digits of account number Nonpriority Creditor's Name Correspondence Opened 12/01/99 Last Active Po Box 981540 When was the debt incurred? 8/22/15 El Paso, TX 79998 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Entered 06/03/16 16:08:51 Case 16-81365 Doc 1 Filed 06/03/16 Desc Main

Document Page 23 of 53 Debtor 1 Andrea M Carter Case number (if know) 4.1 **CEP America Illinois PC** 0077 \$92.66 Last 4 digits of account number Nonpriority Creditor's Name PO Box 582663 When was the debt incurred? 6/22/2015 Modesto, CA 95358-0046 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Services ☐ Yes 4.1 **Chase Crad Services** 2746 \$19,387.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 1/01/00 Last Active Po Box 15298 When was the debt incurred? 5/18/15 Wilmington, DE 19050 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.1 **Complete Healthcare For Women** 1020 \$39.66 Last 4 digits of account number 6 Nonpriority Creditor's Name Stephen Gladdin MD When was the debt incurred? 1/9/2016 P.O. Box 1457 Elain. IL 60121-1457 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Services

Document Page 24 of 53 Debtor 1 Andrea M Carter Case number (if know) 4.1 **Discover Financial** 6601 \$3,594.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 6/01/00 Last Active Po Box 3025 When was the debt incurred? 5/18/15 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.1 **Maternal Fetal Consultants SC** 5108 \$42.52 Last 4 digits of account number 8 Nonpriority Creditor's Name Dr Jude R Duval 7/20/2015 When was the debt incurred? P.O. Box 357 Elgin, IL 60121 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Services ☐ Yes 4.1 **Midwest Perinatal Consultants** 2601 \$42.50 Last 4 digits of account number 9 Nonpriority Creditor's Name Dr. Anita Manogura When was the debt incurred? 1/12/15 P.O. Box 743 Elgin, IL 60123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No

☐ Yes

■ Other. Specify Services

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Page 25 of 53 Document Debtor 1 Andrea M Carter Case number (if know) 4.2 Mrsi 1197 \$1,441.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 2250 E Devon Ave Ste 352 When was the debt incurred? Opened 6/01/15 Des Plaines, IL 60018 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Sherman Hospital Rs ☐ Yes 4.2 Mrsi 2192 \$117.00 Last 4 digits of account number Nonpriority Creditor's Name 2250 E Devon Ave Ste 352 When was the debt incurred? Opened 7/01/15 Des Plaines, IL 60018 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Sherman Hospital Xy ☐ Yes 4.2 Northwest Suburban Imaging 8485 \$25.08 Last 4 digits of account number Nonpriority Creditor's Name **Associates Sc** When was the debt incurred? 7/5/2015 34659 Eagle Way Chicago, IL 60678-1346 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

■ Other. Specify Services

 \square Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

	Case 16-81365	DOC T	Filea 06/03/16	Futeled 00/03/10 10:08:21	Desc Mair
			Document	Page 26 of 53 Case number (if know)	
Debtor 1	Andrea M Carter		2000	Case number (if know)	

4.2	Stanislaus Credit Control Service, Inc. Nonpriority Creditor's Name Po Box 480 Modesto, CA 95353 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Med1 02 Cep America Illinois	\$92.00
	Li Tes	Other. Specify	
4.2 4	Well Care Neonatologists, S.C.	Last 4 digits of account number 61pp	\$198.67
	Nonpriority Creditor's Name PO Box 360	When was the debt incurred? 2/2/2016	
	South Elgin, IL 60177 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did r report as priority claims	not
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Services	
4.2 5	Well Care Neonatologists, S.C.	Last 4 digits of account number 2166	\$168.67
	Nonpriority Creditor's Name PO Box 360	When was the debt incurred? 8/19/2015	
	South Elgin, IL 60177 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did neport as priority claims	not
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Services	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Entered 06/03/16 16:08:51 Desc Main Filed 06/03/16 Case 16-81365 Doc 1 Page 27 of 53 Case number (if know) Document

Debtor 1 Andrea M Carter

Complete Healthcare For Women 1435 N. Randall Rd. Ste 310 Elgin, IL 60123

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1020

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim
6f.	Student loans	6f.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	46,172.06
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	46,172.06
	6b. 6c. 6d. 6e. 6f. 6g. 6h.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. 6d. 6d. 6d. 6d. 6d. 6e.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ 6b. \$ 6c. \$ 6c. \$ 6d. \$

Fill in this infor	mation to identify your	case:	
Debtor 1	Andrea M Carter		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION
Case number			
(if known)			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit Name, Numb	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	-				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	,		3.		

		Docume	ent Page 29 d	of 53	
Fill in thi	s information to identify your	case:			
Debtor 1	Andrea M Carter				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fi	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTER	N DIVISION	
Case nun	nber				
(if known)					Check if this is an
				a	mended filing
Officia	al Form 106H				
	dule H: Your Cod	obtore			40/45
Scrie	uule n. Toul Cou	enroi 2			12/15
1. Do □ No □ Ye 2. Wi Arizo	thin the last 8 years, have you na, California, Idaho, Louisiana	you are filing a joint case,	do not list either spouse	y? (Community property states and	<i>territories</i> include
3. In Co	e 2 again as a codebtor only	ors. Do not include your if that person is a guaran	spouse as a codebtor tor or cosigner. Make	if your spouse is filing with you. I sure you have listed the creditor o 6G). Use Schedule D, Schedule E/	on Schedule D (Official
	Column 1: Your codebtor			Column 2: The creditor to who	om you owo the debt
	Name, Number, Street, City, State and Z	IP Code		Check all schedules that apply:	
				_	
3.1	Name			Schedule D, line	_
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
5.2	Name			□ Schedule D, line	<u>—</u>
				Schedule G, line	
					<u> </u>
	Number Street				
	City	State	ZIP Code		

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 30 of 53

	in this information to identify your ca	ase:						
Deb	otor 1 Andrea M C	arter			_			
	otor 2 uuse, if filing)				_			
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS, EAS	STERN	_			
	se number 							hapter
0	fficial Form 106l					MM / DD/ Y	YYY	
S	chedule I: Your Inc	ome						12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your s th you, do not include	spouse i de inforr	s living wi nation abo	th you, included the second the s	ude information about youse. If more space is n	our eeded,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emplo	oyed	
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	mployed	
	employers.	Occupation						
	Include part-time, seasonal, or self-employed work.	Employer's name						
	Occupation may include student or homemaker, if it applies.	Employer's address						
		How long employed the	here?			_		
Par	t 2: Give Details About Mor	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to re	eport for	any line, w	rite \$0 in the	space. Include your non-	filing
		ore than one employer, co	mbine the information	n for all e	mployers f	or that perso	on on the lines below. If yo	ou need
spou If yo	u or your non-filing spouse have mo e space, attach a separate sheet to							
spou If yo	, , ,				For D	ebtor 1	For Debtor 2 or non-filing spouse	
spou If yo	, , ,	this form. ry, and commissions (be		2.	For D	0.00		
spou If yo more	e space, attach a separate sheet to List monthly gross wages, sala	this form. ry, and commissions (becalculate what the month)		2. 3.			non-filing spouse	

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 31 of 53

Deb	otor 1	Andrea M Carter	-	C	ase nu	ımber (<i>if ki</i>	nown)				
						ebtor 1		non	Debtor -filing s	spouse	
	Cop	by line 4 here	4.		\$		0.00	\$		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	а.	\$		0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	٥.	\$	(0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	50	Э.	\$		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	50	d.	\$	(0.00	\$		N/A	
	5e.	Insurance	5e		\$		0.00	\$		N/A	
	5f.	Domestic support obligations	5f.		\$		0.00	\$_		N/A	
	5g.	Union dues	5g	,	\$		0.00	\$_		N/A	
	5h.	Other deductions. Specify:	_		\$		0.00			N/A	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		0.00	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	:	\$	(0.00	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$		0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$——		0.00	* * <u>*</u> -		N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$ \$		0.00	\$ \$		N/A	
	8d.	Unemployment compensation	80		\$		0.00	* <u>*</u>		N/A	
	8e.	Social Security	86	€.	\$		0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	\$		N/A	
	8g. 8h.	Pension or retirement income	89	,	\$		0.00	—		N/A	
	OII.	Other monthly income. Specify:	_ 01	ı.+ —	Φ		J.UU	+ - -		N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$			0.00	\$		N/A	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		0.00	+ \$		N/A	= \$	0.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-		0.00			-14/1	-	0.00
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe					•		∍ J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	0.00
13.	Do	you expect an increase or decrease within the year after you file this form	?							Combined monthly in	
		No.									

Official Form 106I Schedule I: Your Income page 2

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 32 of 53

Fill in this	information to identify you	ır case:		I		
Debtor 1	Andrea M Car				ck if this is: An amended filing	
Debtor 2 (Spouse, if	filing)				ŭ	ving postpetition chapter the following date:
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLING	OIS,		MM / DD / YYYY	
Case numb (If known)	er					
	al Form 106J			1		
	dule J: Your E					12/1
number (i Part 1: 1. Is thi	on. If more space is need if known). Answer every Describe Your Househ is a joint case?	•				
		a separate household?				
	☐ No ☐ Yes. Debtor 2 must	file Official Form 106J-2, Expenses	for Separate House	ehold of Deb	otor 2.	
2. Do y	ou have dependents?	□ No				
Do no Debto	ot list Debtor 1 and or 2.	■ Yes. Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	ot state the endents names.		child		13 mos	□ No ■ Yes
			child		12	□ No ■ Yes □ No
			child		14	■ Yes
expe	our expenses include enses of people other the self and your dependen	ts? □ Yes				☐ Yes
Estimate	as of a date after the ba	g Monthly Expenses ur bankruptcy filing date unless y ankruptcy is filed. If this is a supp				
the value		on-cash government assistance in have included it on <i>Schedule I:</i> Y			Your exp	enses
	rental or home ownersh nents and any rent for the	ip expenses for your residence. In ground or lot.	nclude first mortgag	e 4. :	\$	725.00
If no	t included in line 4:					
4a.	Real estate taxes			4a.	\$	0.00
4b.	Property, homeowner's,			4b.	· —————————	17.00
4c.	·	air, and upkeep expenses		4c.	·	0.00
4d. 5. Addi	Homeowner's association Homeowner's Homeow	on or condominium dues nts for your residence, such as ho	me equity loans	4d. 5	·	0.00

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 33 of 53

6c. Telephone, cell phone, Internet, satellite, and cable services 6d. \$ 0.0 cm. Cher. Specify: 6d. Other. Specify: 6d. Other. Specify: 7. \$ 5000 cm. Specify: 7. \$ 5000 cm. Specify: 7. \$ 5000 cm. Specify: 9. \$ 2500 cm. Specify: 9.	
6a. Electricity, heat, natural gas 6b. Water, sewerr, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 7. Food and housekeeping supplies 7. South of the services 10. South of th	
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 25 9. Clothing, laundry, and dry cleaning 9. \$ 25 11. Medical and dental expenses 11. \$ 100 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 00 14. \$ 00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance specify: 15d. Other insurances. Specify: 15d. Other insurances. Specify: 17e. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17e. Other specify: 17e. Other payments or vehicle 1 17e. Specify: 17e. Other payments or vehicle 2 17e. Other payments or vehicle 2 17e. Other payments or vehicle 2 17e. Other specify: 17e. Other payments or vehicle 2 17e. Other specify: 17e. Other payments or vehicle 2 17e. Other specify: 17e. Other payments or vehicle 2 17e. Other payments or vehicle 2 17e. Other payments or vehicle 2 17e. Other payments or vehicle 3 17e. Other payments or vehicle 4 17e. Other payments or vehicle 5 20a. Mortgages on other property 20a. S 20c. Property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21e. Other: Specify: 22c. Calculate your monthly expenses 22a. Add lines 4 through 21.	.00
6d. Other. Specify: 7. Food and housekeeping supplies 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. \$ 9. Clothing, laundry, and dry cleaning 9. \$ 25 10. Personal care products and services 10. \$ 11. \$ 100 12. Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. 13. \$ 14. \$ 15. Insurance. 16. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. 15d. Other insurance. 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Corner specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments on line 5, Schedule 1, Your Income (Official Form 106I). 17d. Other payments on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Froperty, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. \$ 20d. Maintenance, repair, and upkeep expenses 20d. Mortgages on other property 20a. S 20c. Property, homeowner's association or condominium dues 20c. Calculate your monthly expenses 20d. Mortgages on other property 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20a. S 20b. S 20c. Calculate your monthly expenses 22a. Add lines 4 through 21.	.00
Food and housekeeping supplies	.00
7. Food and housekeeping supplies 7. \$ 500 8. Childcare and children's education costs 8. \$ 0 9. Clothing, laundry, and dry cleaning 9. \$ 25 10. Personal care products and services 10. \$ 25 11. Medical and dental expenses 11. \$ 100 2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0 14. Charitable contributions and religious donations 14. \$ 0 15. Insurance. 0 15a. \$ 0 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. \$ 0 15a. Life insurance 15b. \$ 0 15b. Health insurance 15c. \$ 62 15d. Other insurance. Specity: 15d. \$ 0 15. Installment or lease payments: 15c. \$ 62 17. Installment or lease payments: 17a. \$ 0 17a. Car payments for Vehicle 2 17b. \$ 0 17b. Car payments for Vehicle 2 17c. \$.00
Section Childcare and children's education costs Section Clothing, laundry, and dry cleaning Section Sec	
9. Clothing, laundry, and dry cleaning 10. Personal care products and services 10. Personal care products and services 10. Medical and dental expenses 11. \$ 1000 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 2500 13. \$ 14. \$ 15. Intertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 14. \$ 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 15c. \$ 15c. \$ 15c. \$ 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17e. Other. Specify: 17d. Other. Specify: 17e. Other specify: 17f. Other. Specify: 17g. Other specify:	.00
10. Personal care products and services 10. \$ 25 11. Medical and dental expenses 11. \$ 100 2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250 3. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0 4. Charitable contributions and religious donations 14. \$ 0 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. 15d. \$ 0 15b. Health insurance 15b. \$ 0 15c. Vehicle insurance 15c. \$ 62 15c. Vehicle insurance 15c. \$ 62 15c. Vehicle insurance 15c. \$ 0 15d. \$ 0 15d.	.00
11. Medical and dental expenses	.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 250 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0 14. Charitable contributions and religious donations 14. \$ 0 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0 15b. Health insurance 15b. \$ 0 15c. Vehicle insurance 15c. \$ 62 15d. Other insurance. Specify: 15d. \$ 0 15d. Other insurance. Specify: 15d. \$ 0 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0 17a. Car payments for Vehicle 1 17a. \$ 0 17b. Car payments for Vehicle 2 17b. \$ 0 17c. Other. Specify: 17c. \$ 0 17d. Other. Specify: 17d. \$ 0 17d. Other. Specify: 17d. \$ 0 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 18. \$ 0 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$ 0 20a. Mortgages on other property 20a. \$ 0 20a. Mortgages on other property 20a. \$ 0 20a. Mortgages on other property 20a. \$ 0 20a. Property, homeowner's, or renter's insurance 20c. \$ 0 20a. Maintenance, repair, and upkeep expenses 20a. \$ 0 20a. Other: Specify: 21. \$ 0 21a. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	
Do not include car payments. Itertatinment, clubs, recreation, newspapers, magazines, and books Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. If insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. If iteritation insurance If iteritation insurance, specify: If iteritation in	
14. Charitable contributions and religious donations 14. \$ 00	.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments or Vehicle 2 17b. S 17c. S 17d. Other payments or Jalimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. S 20c. Homeowner's association or condominium dues 20c. Cherr: Specify: 21. +\$ 0. 22. Calculate your monthly expenses 22a. Add lines 4 through 21.	.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106l). 18. Your payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Other: Specify: 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21.	.00
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other ay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 10. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21.	
15b. Health insurance	
15c. Vehicle insurance 15c. S 62 15d. Other insurance. Specify: 15d. S 0 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S 0 15d. Specify: 16. S 0 17d. Car payments for Vehicle 1 17a. S 0 17b. Car payments for Vehicle 2 17b. S 0 17c. Other. Specify: 17c. S 0 17d. Other. Specify: 17d. S 0 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Specify: 19. Specify:	.00
15d. Other insurance. Specify: 15d. S Caxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. S Caxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. S Caxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17a. S Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S Counter payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. S Counter payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. S 20c. Property, homeowner's, or renter's insurance 20c. S 20d. Maintenance, repair, and upkeep expenses 20d. S 20e. Homeowner's association or condominium dues 20e. S Cother: Specify: 21. +\$ Cother: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21.	.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	.00
Specify: 16. \$ 0 Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 0 17b. Car payments for Vehicle 2 17c. \$ 0 17c. Other. Specify: 17d. Other. Specify: 17d. \$ 0 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0 19. Other payments you make to support others who do not live with you. \$ 50 Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$ 0 20b. Real estate taxes 20b. \$ 0 20c. Property, homeowner's, or renter's insurance 20c. \$ 0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0 20d. Other: Specify: 21. +\$ 0 20d. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	.00
17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments you make to support others who do not live with you. Specify: 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20c. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Vour payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 17b. \$ 0 0 0 17c. \$ 0 17d. \$ 0 17d. \$ 0 0 17d. \$ 0 18. \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Souther payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Calculate your monthly expenses 22a. Add lines 4 through 21. 17c. \$ 0 0 0 0 17d. \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00
17d. Other. Specify: 17d. \$ 00 00 00 00 00 00 00 00 00 00 00 00 0	.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21.	.00
19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21.	.00
Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0 20b. Real estate taxes 20b. \$ 0 20c. Property, homeowner's, or renter's insurance 20c. \$ 0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0 20e. Homeowner's association or condominium dues 20e. \$ 0 21. Other: Specify: 21. +\$ 0 22. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	.00
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 20a. \$ 0 0 0 0 0 0 0 0 1,977.0	
20b. Real estate taxes 20b. \$ 0 20c. Property, homeowner's, or renter's insurance 20c. \$ 0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0 20e. Homeowner's association or condominium dues 20e. \$ 0 21. Other: Specify: 21. +\$ 0 22. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 25. Property, homeowner's insurance 26. Qu. \$ 27. Qu. \$ 28. Qu. \$ 29. Qu. \$ 20. \$ 20. \$ 20. \$ 20. \$ 20. \$ 20. \$ 20. \$ 20. \$ 20. \$ 20. \$ 21. +\$ 22. * 23. Add lines 4 through 21.	.00
20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 23d. \$ 0 0 0 1,977.0	.00
20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 25. Calculate your monthly expenses 26. Specify: 27. 4\$ 28. Tight with the properties of the p	.00
21. Other: Specify: 21. +\$ 0 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22. 1,977.0 3 1,977.0	.00
22. Calculate your monthly expenses 22a. Add lines 4 through 21. \$ 1,977.0	
22a. Add lines 4 through 21. \$.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106.I-2	0
==== top mio == (month oxponess to bosto = 2);	_
22c. Add line 22a and 22b. The result is your monthly expenses.	-
23. Calculate your monthly net income.	
	.00
23b. Copy your monthly expenses from line 22c above. 23b\$ 1,977	.00
23c. Subtract your monthly expenses from your monthly income.	
The result is your <i>monthly net income</i> . 23c. \$ -1,977	.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease becau	ise of a
modification to the terms of your mortgage?	
■ No.	
☐ Yes. Explain here:	

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 34 of 53

Fill in this infor	mation to identify your	case:			
Debtor 1	Andrea M Carter				
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN	DIVISION	
Case number (if known)					☐ Check if this is an amended filing
Official Forr Declarat	•	ın Individual	Debtor's Sc	hedules	12/15
obtaining money years, or both. 1		n connection with a bank			nent, concealing property, or , or imprisonment for up to 20
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes. I	Name of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	ilty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules filed	d with this declaration	and
X /s/ And	drea M Carter		X		
	a M Carter		Signature of D	Debtor 2	

Date

Signature of Debtor 1

Date **June 3, 2016**

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 35 of 53

Fill	in this inform	ation to identify you	r case:						
	otor 1	Andrea M Carter							
		First Name	Middle Name	Last Name					
	otor 2 use if, filing)	First Name	Middle Name	Last Name					
		kruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS, EASTERN DIV	SION				
		, ,							
	se number					Check if this is an mended filing			
Sta		of Financial	Affairs for Individ		ankruptcy	4/10			
info	rmation. If mo		attach a separate sheet to		ν additional pages, write you				
Par	t 1: Give De	etails About Your Ma	nrital Status and Where You	Lived Before					
1.	What is your	current marital statu	ıs?						
	□ Married■ Not marr	ied							
2.	During the la	Ouring the last 3 years, have you lived anywhere other than where you live now?							
	■ No □ Yes. List	No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.							
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
3. state					ity property state or territory co, Texas, Washington and W				
	■ No □ Yes. Mal	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).					
Par	t 2 Explain	the Sources of You	r Income						
4.	Fill in the total	amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receiv	all businesses, including part-		ndar years?			
	□ No								
	■ Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$12,343.37	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107

Page 36 of 53 Case number (if known) Debtor 1 Andrea M Carter

				Debtor 1			Debtor 2		
		Sources of income Check all that apply.			Sources of inc Check all that a		Gross income (before deductions and exclusions)		
	last caler nuary 1 to	ndar year: December	31, 2015)	■ Wages, commissions, bonuses, tips		\$31,189.97	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business			☐ Operating a	business	
		dar year be December		■ Wages, commissions, bonuses, tips		\$34,194.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business			☐ Operating a	business	
5.	Include in and other winnings. List each	come regard public benef If you are fili	less of wheth it payments; ng a joint cas he gross inco	e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separar	amples of <i>ot</i> rest; dividen you received	ther income are a ds; money collect d together, list it o	alimony; child supp cted from lawsuits; only once under De	royalties; an ebtor 1.	
				Debtor 1			Debtor 2		
				Sources of income Describe below.	each so	leductions and	Sources of inc Describe below		Gross income (before deductions and exclusions)
Par	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for I	Bankruptcy	,			
6.	□ No.	Neither De individual puring the No. Yes	shor 1 nor D orimarily for a 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7 List below e include pay	ach creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years r both have primarily consure you filed for bankruptcy, di	umer debts. Id purpose." id you pay a id a total of \$ ints for dome his bankrupt is after that f umer debts. id you pay a id a total of \$	ny creditor a tota \$6,425* or more stic support oblig cy case. or cases filed on ny creditor a tota \$600 or more and	in one or more pay gations, such as ch or after the date o al of \$600 or more?	re? rments and the support a fadjustment	he total amount you and alimony. Also, do
	Creditor	's Name and	l Address	Dates of payme	ent T	Total amount	Amount you	Was this p	payment for
						paid	still owe		

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main

Page 37 of 53
Case number (if known) Document Debtor 1 Andrea M Carter

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. No	artners; relatives of any gen control, or owner of 20% o	eral partners; partner or more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptinsider? Include payments on debts guaranteed or cos No		ments or transfer a	ny property on a	ccount of a d	ebt that benefited an
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name
Par	t 4: Identify Legal Actions, Repossession	ns. and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title					t or custody
	Case number	Nature of the case	oourt or agency		Otatus of th	ic case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address			oreclosed, garnis Date	hed, attached	d, seized, or levied? Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No No Yes. Fill in the details.		luding a bank or fir	nancial institution	, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possessi	taken		efit of creditors, a
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ☐ No ☐ Yes. Fill in the details for each gift.	tcy, did you give any gift	s with a total value	of more than \$60	0 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main

Debtor 1 Andrea M Carter Document Page 38 of 53
Case number (if known)

	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value		
	Person to Whom You Gave the Gift and Address:						
	Freind		2007 Chevrolet Malibu that was junk	December 2015	\$0.00		
	Person's relationship to you:						
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No						
	Yes. Fill in the details for each gift or co			.			
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed	Dates you contributed	Value		
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankrup or gambling? No Yes. Fill in the details.	tcy o	r since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,		
		Descr	ribe any insurance coverage for the loss	Date of your	Value of property		
	how the loss occurred	nclud	e the amount that insurance has paid. List pending ince claims on line 33 of Schedule A/B: Property.	loss	lost		
Par	t 7: List Certain Payments or Transfers						
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.						
	□ No■ Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo		Description and value of any property transferred	Date payment or transfer was made	Amount of payment		
	Costello & Costello 19 N. Western Ave. (RT 31) Carpentersville, IL 60110 Carpentersville, IL 60110 steve@costellolaw.com	,u	Attorney Fees	\$995 plus court costs paid prior to filing.	\$1,330.00		
	Summit Financial Education		\$9.95 for required credit counseling	Prior to filing.	\$9.95		
	summitfe.org						
17.	promised to help you deal with your credi Do not include any payment or transfer that y	tors		or transfer any prope	erty to anyone who		
	No						
	Yes. Fill in the details.						
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment		

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main

Page 39 of 53
Case number (if known) Document Debtor 1 Andrea M Carter

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and property transfer		Describe any property or payments received or debts paid in exchange	Date transfer was made		
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-program No Yes. Fill in the details.		ny property to a sel	lf-settled trust or similar device	of which you are a		
	Name of trust	Description and	Description and value of the property transferred				
Pai	t 8: List of Certain Financial Accounts, In	struments Safe Denos	it Boyes and Stora	ga Unite	made		
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, ohouses, pension funds, cooperatives, asso No Yes. Fill in the details.	or other financial accou	ınts; certificates of		, ,		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
	Chase	XXXX-	■ Checking □ Savings □ Money Market □ Brokerage □ Other		\$6.84		
	Chase	XXXX-	☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ■ Other Pension		\$25,000.00		
	Chase	XXXX-	☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other Two 4 acounts being transferred to accounts after termmination.	01k IRA job	\$26,000.00		

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Page 40 of 53 Case number (if known) Document

Debtor 1 Andrea M Carter

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?						
	■ No						
	Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?			
22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year before you filed for bankruptcy?	?			
	■ No						
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?			
Par	t 9: Identify Property You Hold or Control for S	Someone Else					
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any propert	y you borrowed from, are storing for	, or hold in trust			
	■ No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
Par	t 10: Give Details About Environmental Informa	tion					
For	the purpose of Part 10, the following definitions	apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub	r, land, soil, surface water, ground	- •				
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	defined under any environmental la	aw, whether you now own, operate, o	or utilize it or used			
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s	mental law defines as a hazardous	waste, hazardous substance, toxic s	ubstance,			
Rep	ort all notices, releases, and proceedings that yo		they occurred.				
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an environme	ental law?			
	■ No						
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any	release of hazardous material?					
	■ No						
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
		,					

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Page 41 of 53 Document ase number (*if known*) Debtor 1 Andrea M Carter 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Andrea M Carter **Andrea M Carter** Signature of Debtor 2 Signature of Debtor 1 Date June 3, 2016 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 42 of 53

Debtor 1	Andrea M Carter			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Jnited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION	
Case number				
if known)				☐ Check if this is ar
				amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.
- You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's		
	☐ Surrender the property.	□ No
name: Description of	 ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. 	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 43 of 53

Debtor 1	Andrea M Carter	Case number (if known)	
name:	ition of	☐ Retain the property and redeem it. ☐ Retain the property and enter into a	□ Yes
Descrip		Reaffirmation Agreement.	
propert securin		☐ Retain the property and [explain]:	_
For any ur in the info	rmation below. Do not list real estate	erty Leases at you listed in Schedule G: Executory Contracts and Unexpire e leases. Unexpired leases are leases that are still in effect; the erty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2	lease period has not yet ended.
Describe	your unexpired personal property le	eases	Will the lease be assumed?
Lessor's n	name:		□ No
Description Property:	n of leased		☐ Yes
Lessor's n	name:		□ No
Descriptio Property:	n of leased		☐ Yes
Lessor's n	name:		□ No
Descriptio Property:	n of leased		☐ Yes
Lessor's n	name:		□ No
Description Property:	n of leased		☐ Yes
Lessor's n	name:		□ No
Description Property:	n of leased		☐ Yes
Lessor's n			□ No
Property:	n of leased		☐ Yes
Lessor's n	name: on of leased		□ No
Property:			☐ Yes
Part 3:	Sign Below		
Under per property t	nalty of perjury, I declare that I have i hat is subject to an unexpired lease.	ndicated my intention about any property of my estate that see	cures a debt and any personal
X /s/ A	Andrea M Carter	x	
	rea M Carter ature of Debtor 1	Signature of Debtor 2	
Date	June 3, 2016	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing tee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 48 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Andrea M Carter		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSAT	ION OF ATTORN	EY FOR DE	CBTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cer compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in contemplation.	petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	995.00
	Prior to the filing of this statement I have received		\$	995.00
	Balance Due		\$	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compensation	with any other person unl	ess they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the			
5.	In return for the above-disclosed fee, I have agreed to render leg	al service for all aspects of	f the bankruptcy c	ase, including:
	a. Analysis of the debtor's financial situation, and rendering adv b. Preparation and filing of any petition, schedules, statement of c. Representation of the debtor at the meeting of creditors and c d. [Other provisions as needed] Exemption planning ;	f affairs and plan which ma	ay be required;	
6.	By agreement with the debtor(s), the above-disclosed fee does not Representation of the debtors in any discharge any other adversary proceeding: negotiations of filing of reaffirmation agreements and applications used to be supported by the support of the suppo	eability actions, judicia with secured creditors ions as needed; prepar	I lien avoidance to m	arket value; preparation and
	CER	TIFICATION		
	I certify that the foregoing is a complete statement of any agreen ankruptcy proceeding.	nent or arrangement for page	yment to me for re	epresentation of the debtor(s) in
J	une 3, 2016	/s/ Stephen J. Coste	ello	
	ate	Stephen J. Costello		
		Signature of Attorney Costello & Costello		
		19 N. Western Ave.		
		Carpentersville, IL 6 847-428-4544 Fax:		
		steve@costellolaw.		
		Name of law firm		

CONTRACT FOR LEGAL SERVICES

The undersigned (hereinafter referred to as "client") hereby enters into this Contract for legal services with the law firm of COSTELLO & COSTELLO P.C. (Hereinafter referred to as "firm") and hereby agrees as follows:

- 1. Client wishes to retain the law firm of COSTELLO & COSTELLO, P.C. to perform legal services in connection with a Chapter 7 Bankruptcy.
- 2. Firm's present schedule of fees regarding the preparation, filing and representation in Chapter 7 and the court filing fee for the following services are as follows:

a. Analysis of qualification for Chapter 7 (means test) - which shall mean that firm shall render an opinion of whether client qualifies for filing Chapter 7 under or if the filing of a chapter 7 for client would constitute an abuse of the provisions of Chapter 7 pursuant to Title 11 United States Code section 707(b).	\$	300.00
 Preparation of documents for Chapter 7 filing which includes, the petition, schedules, statement of financial affairs, notice of intent, and other documents required for the filing of the chapter 7. 	\$	500.00
 Filing of Chapter 7 petition, schedules, etc with the court and attendance at the meeting with the trustee (also called 341 meeting or meeting of creditors). 	\$	195.00
d. Credit Report.	\$	33.00
e. Court filing fee.	\$_	335.00
Total fees and court filing fee.	\$	1,363.00

- 3. Client hereby understands that firm will not perform any of the above services until the fees for such service, including court costs or filing fees, is fully paid and only after all information and/or documents and/or signatures required for such services and/or the preparation of each document is provided to firm. Firm reserves the right to raise the amount of firm's fees for any services should client not pay for such services or provide necessary information or documents or signatures within a reasonable time from the date of this Contract or should the bankruptcy laws, or rules or procedures of the court materially change after the date of this Contract. Client further understands that any fees are deemed earned when paid and client shall not be entitled to any refund of any portion of any fees paid for services performed by firm or if firm is unable to fully provide any such services due to failure of client to provide necessary information or documents or signatures.
- 4. Firm is under no obligation to represent client in any additional matters including any additional matters arising within the Chapter 7 proceeding or any other Chapter that this Chapter 7 proceeding may be converted into. Should firm choose to represent client in any additional matters arising within the chapter 7 proceeding or other bankruptcy proceeding that this Chapter 7 may be converted into including, but not limited to, objections to claims, adversary proceedings, amendments to schedules, petition or statement of affairs. motions or objections presented by creditors, trustee or Judge or other matters, shall be billed at the rate of \$275.00 per hour plus costs and expenses. Such additional fees shall be due and payable upon demand unless otherwise agreed in writing. Firm reserves the right to raise its hourly rate upon written notice to client.
- 5. Client will inform firm of any change of client's address or telephone number with the understanding that failure to do so will constitute default.
- 6. Client agrees to inform firm of any difficulties client may have in complying with this Contract and that this Contract may be altered changed or amended only by mutual agreement and approval by firm in

writing

- 7. Client may terminate employment of firm at any time but such termination will not alter any rights or duties under this Contract and such termination does not reduce the amount owed to firm except by agreement in writing.
- 8. Client understands that any default under paragraph 4,5, 6, or 7 or should client fail to fully cooperate with firm or fail to provide accurate or complete information to firm or any trustee, judge, creditor or other claimant or any other entity at any time during firm's representation of client either before or after the filing of the chapter 7 bankruptcy, such may result in withdrawal by firm but such withdrawal will not alter any clients obligations under this Contract and such withdrawal does not reduce the amount owing to firm except by agreement in writing and does not entitle client to any refund of any fees paid for such services.
- 9. Client agrees that client is responsible for all costs of collection, including all court costs and reasonable attorney's fees incurred by firm in the collection of any sums due hereunder.
- 10. Client understands that from time to time an attorney from firm may be unavailable to appear in court or at other proceedings on client's behalf and hereby agrees that another attorney may be designated by firm to substitute for one of firm's attorney's at such court or other hearing.
- 11. To the extent that this Contract is signed herebelow by more than one individual, then "client" as used herein shall mean both the singular and plural of such term and both individuals agree that they are jointly and severally liable for all obligations contained herein including but not limited to all sums due from client as provided herein.
- 12. If client is a corporation and is signed herebelow by an officer of such corporation, then such person signing for client represents that he or she is a duly authorized officer of such corporation and is authorized to enter into this Contract on behalf of such corporation and bind such corporation thereto and further agrees that he or she personally and individually guarantees payment of all amounts due from client as provided herein including but not limited to all fees, costs and expenses provided in paragraph 2 hereinabove and further agrees that he or she is responsible for all costs of collection, including all court costs and reasonable attorney's fees incurred by firm in the collection of any sums due hereunder from either client or such person signing personally and individually.
- 13. Any provision of this Contract which may be adjudged to be unlawful or invalid by a court of law or becomes unlawful or invalid by operation of law or legislation, shall thereafter become null and void, but all other provisions of this Contract shall continue in full force and effect.

The undersigned have voluntarily entered into this Contract and by the undersigned's signature(s) below agree to all of the obligations rights and duties herein.

Agreed and signed:		
Andrea M Carter Andrea Carter	5/24/16	
Costello & Costello P.C. and Stephen-J. Costello		

Dated this 24th day of May ,2016.

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 51 of 53

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Andrea M Carter		Case No.		
		Debtor(s)	Chapter 7		
	VERIFICATION OF CREDITOR MATRIX				
		Number of	f Creditors:	13	
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of cred	itors is true and correct to th	ne best of my	
Date:	June 3, 2016	/s/ Andrea M Carter Andrea M Carter Signature of Debtor			

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 52 of 53

Advocate Sherman Hospital Amex
1425 North Randall Road Correspondence
Elgin, IL 60123 Po Box 981540
El Paso, TX 79998

CEP America Illinois PC PO Box 582663

Modesto, CA 95358-0046

So. TX 79998

Chase Crad Services Po Box 15298 Wilmington, DE 19050 Complete Healthcare For Women Stephen Gladdin MD P.O. Box 1457 Elgin, IL 60121-1457 Complete Healthcare For Women 1435 N. Randall Rd. Ste 310 Elgin, IL 60123

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 Maternal Fetal Consultants SC Dr Jude R Duval P.O. Box 357 Elgin, IL 60121 Midwest Perinatal Consultants Dr. Anita Manogura P.O. Box 743 Elgin, IL 60123

Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018 Northwest Suburban Imaging Associates Sc 34659 Eagle Way Chicago, IL 60678-1346 Stanislaus Credit Control Service, I Po Box 480 Modesto, CA 95353

Well Care Neonatologists, S.C. PO Box 360 South Elgin, IL 60177

Case 16-81365 Doc 1 Filed 06/03/16 Entered 06/03/16 16:08:51 Desc Main Document Page 53 of 53

STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. §341

INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed for bankruptcy.

WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of the creditors.

Reaffirmation agreements are strictly voluntary — they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order or within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,347,500 (\$336,900 in unsecured debts and \$1,010,650 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

/s/ Andrea M Carter	June 3, 2016	
Debtor's Signature	Date	